

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 08, 1999 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

02-08-1999 90022 014 ****150.00

DOCUMENT # P93000082900

1. Corporation Name
OCEAN MANAGEMENT OF SOUTH FLORIDA, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 1230-38 OCEAN DR.
 MIAMI BEACH FL 33139

Mailing Address
 1230-38 OCEAN DR.
 MIAMI BEACH FL 33139

3. Date Incorporated or Qualified
11/23/1993

4. FEI Number
65-0458492

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business, 2a. Mailing Address

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip Country 28. Zip Country

24. Zip Country 25. Zip Country 29. Zip Country 30. Zip Country

9. Name and Address of Current Registered Agent

LESMARIE, XAVIER
1230-38 OCEAN DRIVE
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City 85. Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	BAIDET, JEAN	
STREET ADDRESS	1230-38 OCEAN DR.	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	GAUTHER, BERNARD	
STREET ADDRESS	1114-6 STAR HOUSE	
CITY-ST-ZIP	KOWLOV HO	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GAUTHLER, LEE LEE	
STREET ADDRESS	1114-6 STAR HOUSE	
CITY-ST-ZIP	KOWLOV HO	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	LESMARIE, XAVIER	
STREET ADDRESS	1230-38 OCEAN DRIVE	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED** 1/5/99 (305) 672 25 79
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)